

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a) **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.
If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or “ferry” permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft – Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check “Collision with other aircraft” under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators “Pilot A” and “Pilot B” do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate “none”. If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as “Pilot-in-Command (PIC)” and all dual flight instruction given should be included as “Time as Instructor”.

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered “Revenue” passengers if they were being carried for compensation or hire. The option “FAA” refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Beaverhead State: NM
 ZIP: _____ Country: United States of America
 Latitude: 33:29:12N (dd:mm:ss N/S) Longitude: 108:07:06W (ddd:mm:ss E/W)

Date/Time

Date: 08/07/2010 Local Time: 11:00
 mm/dd/yyyy
 Time Zone: CDT

Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

7,400 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper

Model: PA28-140/160

Serial Number: 28-22756

Registration Number: N4372J

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,150 lbs

Weight at Time of Accident/Incident: 1,620 lbs

Location of Center of Gravity at Time of Accident/Incident:

85.75 inches from ☐ nose or ☒ datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

☒ Normal
☒ Utility
☐ Acrobatic
☐ Transport

Special

☐ Restricted
☐ Limited
☐ Provisional
☐ Experimental
☐ Special Flight
☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 04/01/2010

mm/dd/yyyy

Airframe Total Time: 4,040 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☐ Specify _____

ELT Installed

☒ Yes ☐ No

ELT Activated

☒ Yes ☐ No

ELT Manufacturer: _____

Model/Series: _____

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☒ Carburetor
☐ Fuel Injected

Propeller

☒ Fixed Pitch
☐ Controllable Pitch

Manufacturer: Sensenich

Model: 74DM6-0-58

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Lycoming | O320-E2A | L-18974-27A | 04/20/1967 | 160 | 2,450 | 286 | 286 |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| OWNER/OPERATOR INFORMATION | | |
|---|---|--|
| Registered Aircraft Owner Name: <u>Adam N. Rosenberg</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Owner Address City: <u>Scottsdale</u> State: <u>Arizona</u> ZIP: <u>85258-3106</u> Country: <u>United States of America</u> |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____ | | Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____ |
| Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces | | Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail | Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft) | | |
| Aircraft Registration Number <u>N4372J</u> | Manufacturer: <u>Piper</u> Model: <u>PA28-140/160</u> | Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None |
| Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | |
| Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) | | |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <div style="height: 100px;"></div> | | Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY | | |
| Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed | Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground | Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground |

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Bent propeller, both wings damaged, landing gear destroyed on aircraft. Barbed-wire fence damaged.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: noneDistance From Airport Center: 1 SMAirport Name: Shepley airstripDirection From Airport: 240 degrees MAGProximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On AirstripAirport Elevation: 7,400 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)☒ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling**VFR Approach** (Check all that apply)☐ None ☐ Stop and Go
☒ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown**Runway Information**Runway ID: Shepley (L/R/C) Length: 2,000 ft Width: 50 ft**Runway/Landing Surface** (Check all that apply)☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow**Condition of Runway/Landing Surface** (Check all that apply)☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☒ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☒ Soft ☐ Unknown
☐ Slush Covered ☒ Vegetation**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: 1NM7
City: Negrito
State: New Mexico
Country: United States of America**Time of Departure**Time: 10:45
Time Zone: CDT**Destination**Airport ID: 13NM
City: Beaverhead
State: New Mexico
Country: United States of America**Type Flight Plan Filed**☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
Activated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☒ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area**Aircraft Load Description** (Check all that apply)☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

32 Gallons**Fuel Type**☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5**Other Services, if Any, Prior to Departure**

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

I opened the door and left the airplane.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: my own observationObservation Time: 11:00Time Zone: CDTDistance from Accident Site: 0 NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company |
| <input checked="" type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|--|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| <input checked="" type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| <input type="checkbox"/> Not Reported | | |

Visibility50 miles**Sky/Lowest Cloud Condition**

- | | |
|--|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input checked="" type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Scattered | |

Ceiling

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height3,000 ft AGL**Ceiling Height**

_____ ft AGL

Wind Direction☐ Indicated:
_____ degrees MAG☒ Variable**Wind Speed**

Velocity: _____ KTS

-or-

- | |
|---|
| <input checked="" type="checkbox"/> Calm |
| <input type="checkbox"/> Light and Variable |

Wind Gusts

Velocity: _____ KTS

- | |
|---|
| <input type="checkbox"/> Gusting |
| <input checked="" type="checkbox"/> Not Gusting |

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incidentTemperature: 15 (C)
or _____ (F)Altimeter Setting: 30.2 in. HG
or _____ MBDensity Altitude: 9,000 ftDew Point: _____ (C)
or _____ (F)**Icing Forecast****Amount**

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual**Amount**

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|


PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

Pilot "A" Identification

First Name: Adam City: Scottsdale
 Middle Initial: N State: Arizona ZIP: 85258-3106
 Last Name: Rosenberg Country: United States of America

Age at time of Accident/Incident: 53 Date of Birth: qqqqqqqqqq Certificate Number: qqqqqqqq 

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☒ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☒ No
 Available ☐ Yes ☒ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☒ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☐ None
 ☒ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

06/01/2009
 mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

05/02/2009
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA28-140/160

Airplane Rating(s)

(Check all that apply)
☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☒ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☒ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Student Endorsements (Include dates)

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 2,100 | 1,754 | 2,017 | 12 | 56 | 9 | 8 | | | |
| Pilot in Command (PIC) | 2,017 | 1,742 | 2,017 | 0 | 45 | 4 | 4 | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | 40 | 4 | 6 | | | |
| Last 90 Days | 56 | 56 | 56 | 0 | 1 | 0 | 0 | | | |
| Last 30 Days | 17 | 17 | 17 | 0 | 0 | 0 | 0 | | | |
| Last 24 Hours | 2 | 2 | 2 | 0 | 0 | 0 | 0 | | | |

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury

☐ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown
☐ Right
 ☐ Rear
☐ Center
 ☐ Single

Seat Belt

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
 Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None
 ☐ Class 3
☐ Class 1
 ☐ Driver's License (Sport Pilot only)
☐ Class 2
 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

_____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

_____ mm/dd/yyyy

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
 ☐ Instrument Airplane
☐ Airplane Single-Engine
 ☐ Instrument Helicopter
☐ Airplane Multi-Engine
 ☐ Helicopter
☐ Gyroplane
 ☐ Glider
☐ Powered Lift
 ☐ Sport

Type Ratings

Student Endorsements (Include dates)

| Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information) | | | | | | | | | | | | | | | | |
|---|--|--|-------------------------|--|--|---|------|--|---------|--------------|-----|-------|----------------|--------------|-----------|---------|
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | |
| First Name: _____ | | | City: _____ | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | |
| Middle Initial: _____ | | | State: _____ ZIP: _____ | | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | |
| Last Name: _____ | | | Country: _____ | | | <input type="checkbox"/> Serious | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | |
| <input type="checkbox"/> Private | | <input type="checkbox"/> Flight Instructor | | <input type="checkbox"/> Sport | | <input type="checkbox"/> Airline Transport | | <input type="checkbox"/> U.S. Military | | | | | | | | |
| | | | | | | | | <input type="checkbox"/> Foreign | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | |
| First Name: _____ | | | City: _____ | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | |
| Middle Initial: _____ | | | State: _____ ZIP: _____ | | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | |
| Last Name: _____ | | | Country: _____ | | | <input type="checkbox"/> Serious | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | |
| <input type="checkbox"/> Private | | <input type="checkbox"/> Flight Instructor | | <input type="checkbox"/> Sport | | <input type="checkbox"/> Airline Transport | | <input type="checkbox"/> U.S. Military | | | | | | | | |
| | | | | | | | | <input type="checkbox"/> Foreign | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| Pilot Name and Address | | | | | | Degree of Injury | | | | | | | | | | |
| First Name: _____ | | | City: _____ | | | <input type="checkbox"/> None | | <input type="checkbox"/> Fatal | | | | | | | | |
| Middle Initial: _____ | | | State: _____ ZIP: _____ | | | <input type="checkbox"/> Minor | | <input type="checkbox"/> Unknown | | | | | | | | |
| Last Name: _____ | | | Country: _____ | | | <input type="checkbox"/> Serious | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) | | | | | | Seat Occupied | | | | | | | | | | |
| <input type="checkbox"/> None | | <input type="checkbox"/> Student | | <input type="checkbox"/> Recreational | | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Flight Engineer | | | | | | | | |
| <input type="checkbox"/> Private | | <input type="checkbox"/> Flight Instructor | | <input type="checkbox"/> Sport | | <input type="checkbox"/> Airline Transport | | <input type="checkbox"/> U.S. Military | | | | | | | | |
| | | | | | | | | <input type="checkbox"/> Foreign | | | | | | | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown | | | | | | | | | | |
| PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) | | | | | | | | | | | | | | | | |
| Name and Address | | | | | | Seat | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |
| First Name: _____ | | | | | | | | | | | | | | | | |
| Middle Initial: _____ | | | | | | | | | | | | | | | | |
| Last Name: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ ZIP: _____ | | | | | | | | | | | | | | | | |
| Country: _____ | | | | | | | | | | | | | | | | |

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

I left Negrito, New Mexico, for Beaverhead and I made an uneventful landing at a remote, back-country strip. Upon landing I discovered the field was not as well maintained as I thought it was, with tall grass. Knowing it was going to affect aircraft performance as the day heated up, I attempted an immediate takeoff as the field appeared adequate under the altitude and temperature conditions. The grass slowed me down more than I thought and I was not able to clear the fence. I shut down the airplane and went for help.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report**08/11/2010*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Adam N. Rosenberg**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**CEN10LA227**Reviewed by NTSB Regional Office**DENVER, COLORADO**Name of Investigator**ARNOLD W. SCOTT**Date Report Received**08/11/10